

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SHANNONDELL, INC. LEGAL ENTITY

To operate THE MEADOWS AT SHANNONDELL NAME OF FACILITY OR AGENCY

Located at 6000 SHANNONDELL DRIVE, AUDUBON, PA 19403 (COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_  
ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_  
ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

To provide Personal Care Homes TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 58 (MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 18

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes (MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 29, 2010 until March 29, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 128370

Robert E. Robinson  
ISSUING OFFICER

Kevin T. Casey  
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAR 29 2010

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Mr. Dan Freed, Vice President of Health Services  
Shannondell, Inc.  
10,000 Shannondell Drive  
Audubon, Pennsylvania 19403

RE: The Meadows at Shannondell  
6000 Shannondell Drive  
Audubon, Pennsylvania 19403

Dear Mr. Freed:

As a result of the Department of Public Welfare's licensing inspection on December 9, 2009 and December 10, 2009 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa. Code Chapter 2600**

001/019

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Meadows at Shannondell 6000 Shannondell Drive, Audubon, PA 19403		<b>CURRENT LICENSE NUMBER</b> 128370	
<b>INSPECTION DATE(S)</b> (include all dates of the inspection) December 9, 2009 and December 10, 2009		<b>REGIONAL REPRESENTATIVE</b> Christine McHale and Kimberli Faulkes	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Rainie Shannondell</i>	<b>DATE</b> 1-29-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION.</b> <i>[Signature]</i>	<b>DATE</b> 2/24/10

1 REGULATION 55 Pa. Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
19 If there is a waiver granted to the home in accordance with the new regulation, the inspector should review to assess if the waiver is still necessary/applicable, and if so whether all conditions in the waiver continue to be met. If the waiver is no longer necessary/applicable, or if waiver conditions are no longer met, the regional office should notify headquarters office to revoke the waiver.	The home was issued a waiver for Chapter 2600.121b and 2600.123a (relating to emergency evacuation) on 5/6/09. The waiver was granted under specific conditions including: completing the "Emergency Stairwell – Safety Assessment" for all residents every four months and for all new residents within 15 days of admission, updating the support plan for each resident every four months with respect to a resident's ability to use the emergency stairwells, and completing the support plans by a licensed therapist and licensed practical nurse.	3-3-2010	1) The Safe Stairwell Assessments and support plans for Residents #1, #2, #4, #6, #8 and #10 will be re-done to ensure accuracy and compliance with waiver. 2) - New safe stairwell Assessments will be completed on the remaining Non Memory Care Residents to ensure accuracy and compliance with waiver. 3) The Therapy Director and PC Admin. will be in-serviced on requirements of waiver 4) the internal procedure to monitor timeliness of safe stairwell Assessments and compliance with waiver will be modified.	<del>Steps have been taken to correct violation, full compliance is not verifiable</del> <del>4/24/10</del> Date: <i>[Signature]</i> Initials (DPW)  3/25/10

THE MEADOWS

01/29/2010 15:39 FAX 6103826835

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Meadows at Shannondell 6000 Shannondell Drive, Audubon, PA 19403		<b>CURRENT LICENSE NUMBER</b> 128370
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 9, 2009 and December 10, 2009		<b>REGIONAL REPRESENTATIVE</b> Christine McHale and Kimberli Foulkes
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kurriel Shultz Leis</i>	<b>DATE</b> 1-29-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>  <b>DATE</b>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
19 – continued	<p>- Resident #1's support plan dated 11/17/09 does not indicate the resident's ability to use the emergency stairwells and was not completed by a licensed therapist.</p> <p>- Resident #2's initial "Emergency Stairwell – Safety Assessment" was completed on 5/28/09. This assessment was updated on 10/19/09 but does not document the assessment findings which states whether or not the resident is safe to utilize the emergency stairs. Resident #2's support plan dated 2/1/09 was updated on 6/28/09 stating the resident is able to use the emergency stairs but was not updated after the resident was</p>	3-3-2010	5) - The PC Administrator will complete ongoing reviews of the Safe Stairwell Assessments? Support Plans to ensure compliance with waiver.	

002/019

THE MEADOWS

01/28/2010 15:39 FAX 6103828835

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Meadows at Shannondell 6000 Shannondell Drive, Audubon, PA 19403		<b>CURRENT LICENSE NUMBER</b> 128370	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) December 9, 2009 and December 10, 2009		<b>REGIONAL REPRESENTATIVE</b> Christine McHale and Kimberly Foulkes	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kurtie Chaudhary</i>	<b>DATE</b> 1-29-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
19 – continued	<p>assessed for the stairs on 10/19/09. This support plan was not completed by a licensed therapist.</p> <p>- Resident #4's initial "Emergency Stairwell – Safety Assessment" is not dated and has four different dates on the signature page and it cannot be determined when the form was completed. The resident's support plan dated 11/9/09 does not indicate the resident's ability to use the emergency stairwells and was not completed by a licensed therapist.</p> <p>- Resident #5 was admitted to the home on 10/26/09. The "Emergency Stairwell – Safety</p>		intentionally left blank	

003/019

THE MEADOWS

01/20/2010 15:39 FAX 6103826835

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

004/019

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Meadows at Shannondell 6000 Shannondell Drive, Audubon, PA 19403		<b>CURRENT LICENSE NUMBER</b> 128370	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 9, 2009 and December 10, 2009		<b>REGIONAL REPRESENTATIVE</b> Christine McHale and Kimberli Foukes	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Russie Quilline</i>	<b>DATE</b> 1-29-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
19 – continued	<p>Assessment" was completed on 11/9/09 by a Licensed Practical Nurse. The assessment was not signed by a Licensed Therapist until 11/24/09. The resident's support plan dated 11/9/09 does not indicate the resident's ability to use the emergency stairwells and was not completed by a licensed therapist.</p> <p>- Resident #8 was admitted to the home on 8/12/09. The initial "Emergency Stairwell – Safety Assessments" for the resident is not dated and has four different dates on the signature portion of the form and it cannot be determined when the form was completed. The resident's support plan dated 8/27/09 does</p>		intentionally left blank	


THE MEADOWS

01/29/2010 15:39 FAX 6103826835

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa. Code Chapter 2600**

005/019

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Meadows at Shannondell 6000 Shannondell Drive, Audubon, PA 19403		<b>CURRENT LICENSE NUMBER</b> 128370	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 9, 2009 and December 10, 2009		<b>REGIONAL REPRESENTATIVE</b> Christine McHale and Kimberli Foulkes	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kurtis Bechtel Line</i>	<b>DATE</b> 1-29-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>


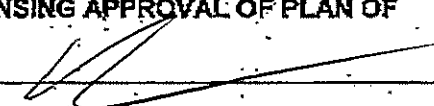
1 REGULATION 55 Pa. Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
19 – continued	not indicate the resident's ability to use the emergency stairwells and was not completed by a licensed therapist.  - Resident #10's initial "Emergency Stairwell – Safety Assessment" was completed on 5/28/09. The assessment was not updated until 10/19/09. The resident's support plans dated 11/27/08 and 11/18/09 were not completed by a licensed therapist.		Intentionally left Blank  	

THE MEADOWS

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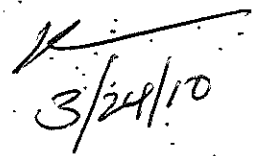
**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

008/019

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Meadows at Shannondell 6000 Shannondell Drive, Aurdubon, PA 19403		<b>CURRENT LICENSE NUMBER</b> 128370	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 9, 2009 and December 10, 2009		<b>REGIONAL REPRESENTATIVE</b> Christine McHale and Kimberli Foulkes	
<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 1-29-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 2/24/10

THE MEADOWS

01/29/2010 15:40 FAX 6103826835

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
25c2 The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services.	Resident #1's fee schedule was not included in the resident's contract.	3-3-2010	1) The fee schedule for Resident #1 was placed in the contract file 2) the PC Administrator will complete an audit to verify that the fee schedules are included with each contract. 3) For future admissions, the PC Administrator will verify that fee schedules are included with each contract.	 3/24/10



**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

007/019

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Meadows at Shannondell 6000 Shannondell Drive, Audubon, PA 19403		<b>CURRENT LICENSE NUMBER</b> 128370	
<b>INSPECTION DATE(S) (include all dates of the inspection)</b> December 9, 2009 and December 10, 2009		<b>REGIONAL REPRESENTATIVE</b> Christine McHale and Kimberli Foulkes	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Rubie Daniels Line</i>	<b>DATE</b> 1-29-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> 2/24/10

1 REGULATION 55 Pa.Code § 2606.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
420 A resident has the right to freely associate, organize and communicate with others privately.	The home had a notice on the receptionist desk and on the side entrance doors stating, "New Visitation Policy (Flu Season Only), All visitors must be 16 years of age or older, Please contact the receptionist with questions."	3-3-2010	1) The temporary visitation guidelines will be discontinued. 2) The facility has no limitation on visitation	<i>[Signature]</i> 3/23/10

THE MEADOWS

01/29/2010 15:40 FAX 6103828836

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

008/010

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Meadows at Shannondell 6000 Shannondell Drive, Audubon, PA 19403		<b>CURRENT LICENSE NUMBER</b> 128370	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 9, 2009 and December 10, 2009		<b>REGIONAL REPRESENTATIVE</b> Christine McHale and Kimberli Foulkes	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Russie Quinlan</i>	<b>DATE</b> 1-29-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> 2/24/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas:  (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.	Staff person A instructs the home's fire safety training. This staff person is not a fire safety expert and was not trained by a fire safety expert. Staff person A trained staff person B, staff person C, and staff person D in fire safety in the 2008 training year.	3-3-2010	1) The 2009 Fire Safety training was completed by a fire safety expert (Not employee "A") on 12/20/09. 2) Staff Person "A" has received the appropriate training and will serve as a "back-up" fire safety expert in the future. 3) The 2010 (and all future training) Fire safety training will be completed by a fire safety expert. 4) The PC Administrator will monitor for compliance.	<i>[Signature]</i> 3/25/10

THE MEADOWS

01/29/2010 15:40 FAX 6103826835

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

009/019

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Meadows at Shamondell 6000 Shamondell Drive, Audubon, PA 19403		<b>CURRENT LICENSE NUMBER</b> 128370	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 9, 2009 and December 10, 2009		<b>REGIONAL REPRESENTATIVE</b> Christine McHale and Kimberli Foulkes	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Ruthie C. ...</i>	<b>DATE</b> 1-29-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> 2/24/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials:	<p>- A bottle of Aloe Vesta Skin Protectant labeled, "If swallowed get medical help or consult a Poison Control Center right away," and a bottle of nail polish remover labeled, "In case of accidental ingestion give fluids liberally and consult local Poison Control Center," were found unlocked on the wicker table in the bathroom of Resident #2's room. Resident #2 has not been assessed to safely use or avoid poisonous materials.</p> <p>- Two bottles of mouthwash labeled, "In case of accidental ingestion seek medical attention," were on top of the dresser in Resident #1's room. Resident #1 has not been</p>	3-3-2010	<p>1) The material in the rooms of Resident # 2, #1 and #3 will be removed.</p> <p>2) Resident's # 2, #1 &amp; #3 will be assessed to safely use or avoid poisonous materials</p> <p>3) - the PC Administrator will complete an audit of resident rooms to ensure that no poisonous material is present.</p> <p>4) Residents will be assessed to determine their ability to safely use or avoid poisonous material.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>5/25/10 DATE</p> <p><i>[Signature]</i> INITIALS (DPW)</p>

THE MEADOWS

01/29/2010 15:40 FAX 6103926835

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Meadows at Shannondell 6008 Shannondell Drive, Audubon, PA 19403		<b>CURRENT LICENSE NUMBER</b> 128370	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) December 9, 2009 and December 10, 2009		<b>REGIONAL REPRESENTATIVE</b> Christine McHale and Kimberli Foulkes	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kurtie Swartz</i>	<b>DATE</b> 1-29-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> 2/24/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
.82c – continued	assessed to safely use or avoid poisonous materials.  - A bottle of mouthwash labeled, "In case of accidental ingestion seek professional assistance or contact a Poison Control Center immediately," was on the sink counter in the bathroom of Resident #3's room. Resident #3 has not been assessed to safely use or avoid poisonous materials.  Repeat Violation – 9/3/08	3-3-10	5) The facility staff will be in-serviced on the requirements of 82c 6) the Residents will be reminded of the requirements of 82c at the next Resident Council Meeting. 7) -the family members of the residents will be notified of the requirements of 82c. 8) The PC Administrator will monitor for compliance by completing random audits of Resident rooms.	

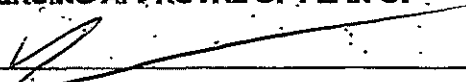
**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**


<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Meadows at Shannondell 6000 Shannondell Drive, Audubon, PA 19403		<b>CURRENT LICENSE NUMBER</b> 128370	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 9, 2009 and December 10, 2009		<b>REGIONAL REPRESENTATIVE</b> Christine McHale and Kimberli Foulkes	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Russie (Shannondell)</i>	<b>DATE</b> 1-29-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> 2/24/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	- Resident room #29 has a telephone with an outside line. The emergency phone numbers were not posted on or near the telephone.  - Resident room #136 has a telephone with an outside line. The emergency phone numbers were not posted on or near the telephone.	3-3-2010	1) Emergency phone #s will be posted in rooms 29 & 136. 2) Emergency phone lines will be posted in rooms with an outside line. 3) Facility Staff will be in-serviced on this requirement. 4) The residents will be reminded of this requirement at the next Resident Council Mtg 5) The families of the residents will be reminded of this requirement 6) The PC Administrator will monitor for compliance.	<i>[Signature]</i> 3/25/10

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

012/019

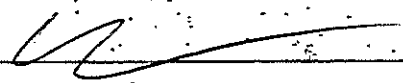
<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Meadows at Shannondell 6000 Shannondell Drive, Audubon, PA 19403		<b>CURRENT LICENSE NUMBER</b> 128370	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) December 9, 2009 and December 10, 2009		<b>REGIONAL REPRESENTATIVE</b> Christine McHale and Kimberli Foulkes	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Russie Glushko</i>	<b>DATE</b> 1-29-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 2/24/10


1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
1017 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	The bedside lamp in resident room #139 was not operable.	3-3-2010	1) The light bulb in the bedside lamp in room 139 was replaced. 2) The PC Administrator will inspect the bedside lamps in each room to verify appropriate operation. 3) The PC Administrator will conduct routine inspections on an ongoing basis to ensure compliance.	 3/25/10

THE MEADOWS


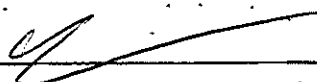
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**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Meadows at Shannondell 6000 Shannondell Drive, Audubon, PA 19403		<b>CURRENT LICENSE NUMBER</b> 128370
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 9, 2009 and December 10, 2009		<b>REGIONAL REPRESENTATIVE</b> Christine McHale and Kimberli Foulkes
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Russie Swartz Lind</i>	<b>DATE</b> 1-29-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 
		<b>DATE</b> 2/24/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
123c For a home serving 9 or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.	All of the home's emergency evacuation diagrams did not include the line of travel to the exit doors.	3-3-2010	1) The emergency evacuation diagrams will have the line of travel added to them. 2) The PC Administrator will monitor for compliance.	 3/25/10

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

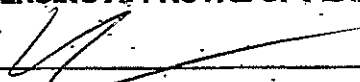
<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Meadows at Shannondell 6000 Shannondell Drive, Audubon, PA 19403		<b>CURRENT LICENSE NUMBER</b> 128370	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 9, 2009 and December 10, 2009		<b>REGIONAL REPRESENTATIVE</b> Christine McHale and Kimberli Foulkes	
<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 1-29-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 2/24/10


1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
141a The medical evaluation shall include the following: (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.	- Resident #4's medical evaluation dated 8/18/09 states "see MAR" under medications. The MAR is attached but was not dated and signed by the physician. - Resident #6's medical evaluation dated 4/28/09 states "see MAR" under medications. The MAR is attached but was not dated and signed by the physician. - Resident #7's medical evaluation dated 6/22/09 states "see MAR" under medications. The MAR is attached but was not dated and signed by the physician. Repeat Violation - 9/3/08	3-3-2010	1) The physician will sign and date the MAR's for Residents #4, #6, #7. 2) The PC Administrator will complete an audit on Medical Evaluations to ensure compliance. 3) On an ongoing basis, the Medical Evaluations will be monitored & audited to ensure accuracy. 4) The PC Administrator will monitor for compliance.	 3/25/10



**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

015/019

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Meadows at Shannondell 6000 Shannondell Drive, Audubon, PA 19403		<b>CURRENT LICENSE NUMBER</b> 128370	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) December 9, 2009 and December 10, 2009		<b>REGIONAL REPRESENTATIVE</b> Christine McHale and Kimberli Foulkes	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Russie Beaulieu</i>	<b>DATE</b> 1-29-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 2/24/10


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171b5 If staff persons or volunteers of the home provide transportation for the residents, the vehicle shall have a first aid kit with the contents in 96.	The first aid kit in the home's van #3 did not have a thermometer, a breathing shield, and eye covering.	3-3-2010	<ol style="list-style-type: none"> <li>1) The first aid kit in the organization's van was inspected and the missing items will be added.</li> <li>2) The PC Administrator will verify the contents of the first aid kits in the van</li> <li>3) The transportation staff will be re-serviced on the requirements of 171b5.</li> <li>4) The PC Administrator will monitor for compliance.</li> </ol>	 3/25/10

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**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

016/019

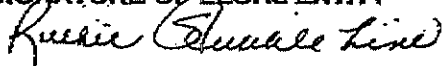
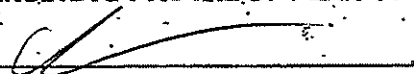
<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Meadows at Shannondell 6000 Shannondell Drive, Audubon, PA 19403		<b>CURRENT LICENSE NUMBER</b> 128370
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 9, 2009 and December 10, 2009		<b>REGIONAL REPRESENTATIVE</b> Christine McHale and Kimberli Foulkes
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Russie Amal Line</i>	<b>DATE</b> 1-29-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION.</b> 
		<b>DATE</b> 2/24/10

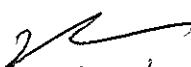
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181c A resident who desires to self-administer his medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.	Resident #2's medical evaluation dated 2/20/09 states that the resident cannot self-administer medications. The resident's assessment dated 2/10/09 states that the resident can self-administer medications with assistance remembering the schedule.  Repeat Violation – 9/3/08	3-3-2010	1) Resident #2's medical evaluation/assessment will be corrected. 2) The remaining Medical Evaluations and Resident Assessments will be audited to ensure the "self administration" of medication section is accurate. 3) The facility nursing staff will be re-serviced on the requirements of 181c 4) The PC Administrator will complete ongoing reviews of the medical evaluations and Resident Assessments to verify accuracy 5) The PC Administrator will monitor for compliance.	Steps have been taken to correct violation; full compliance is not verifiable Date _____ Initials (DPW) _____

THE MEADOWS

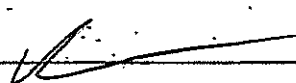
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**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Meadows at Shannondell 6000 Shannondell Drive, Audubon, PA 19403.		<b>CURRENT LICENSE NUMBER</b> 128370	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 9, 2009 and December 10, 2009		<b>REGIONAL REPRESENTATIVE</b> Christine McHale and Kimberli Foulkes	
<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 1-29-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 2/24/10

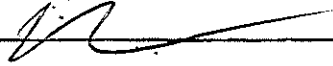
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183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	A jar of Vicks Vapo Rub and an unlabeled pill bottle containing Tyms and Ibuprofen were unlocked on the dresser in Resident #1's room. A box of Salonpas pain reliever patches were unlocked in an opened box on the floor in front of the sink in the bathroom. Three pink and white capsules in a weekly pill case were unlocked on the kitchen counter. A tube of ultra-strength muscle rub was unlocked on the window sill in the living room. A jar of icy Hot balm was unlocked on the desk in the living room. A tube of cortisone 10 was unlocked on the sink counter in the bathroom. Resident #1 is not able to self-administer medications.	3-3-2010	1) The items that were identified in Resident #1's and #9's room were inspected. The inappropriate items were removed. The expired medication was returned to the pharmacy. 2) The Resident Rooms will be inspected to ensure compliance. E. 183b 3) The medication cart will be audited to verify that all medications are current. 4) The facility staff will be re-serviced on the requirements of 183b. 5) The PC Administrator will monitor for compliance.	 3/25/10

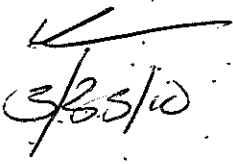
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**PERSONAL CARE HOMES — 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Meadows at Shannondell 6000 Shannondell Drive, Audubon, PA 19403		<b>CURRENT LICENSE NUMBER</b> 128370	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) December 9, 2009 and December 10, 2009		<b>REGIONAL REPRESENTATIVE</b> Christine McHale and Kimberli Foulkes	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Russie Stummoline</i>	<b>DATE</b> 1-29-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 2/24/10

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183f Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.	Resident #9's Bisacodyl 10 mg suppository that was in the refrigerator in the first floor nurse's station expired on 10/29/09.	3-3-2010	1) Resident #9's Bisacodyl suppository was returned to the pharmacy 2) - The medication cart and rooms (including refrigerator) will be audited to ensure that all medications are current 3) The facility nursing staff will be in-serviced on the requirements of 183f 4) The PC Administrator will complete random audits to ensure that medications are current 5) The PC Administrator will monitor for compliance.	 3/25/10

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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187d The home shall follow the directions of the prescriber.	Resident #10 had an order for PRN Bisacodyl 10 mg suppository and Milk of Magnesium. These medications were not present in the home.	3-3-2010	<ol style="list-style-type: none"> <li>1) Resident # 10's PRN Bisacodyl suppository was discontinued.</li> <li>2) The medication cart and rooms will be audited to ensure availability.</li> <li>3) The nursing staff will be re-serviced on 187d.</li> <li>4) The PC Administrator will complete random audits to verify medication availability.</li> <li>5) The PC Administrator will monitor for compliance.</li> </ol>	 3/25/10